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VS. ATSME(S) SM 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6283 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06258

Reg. Dist. No.

I. PLACE OF DEATH	nester		MARY	<b>FLAND</b>	o. STATE Ma		deceased li	b. COUNT		ence bel		ission)
b. CITY OR TOWN (If a and give nearest town)		RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TO	Oistue II) MWC	le corporal	e limits, write	RURAL ON	d give n	earest to	wn) 🗸
Rural-Cambri	idge		5 days		Queens	town	17	X				
d. NAME OF HOSPITA	L OR INSTITUTION (	If not in hosp	ital, give street addres	53}	d. STREET AD	DRESS						A FARM?
Eastern Shor	re State H	ospita	1		none							NO
3, NAME OF DECEASED (Type or print)	James	Fran	Middle Boyl	Les	Lost	4. D.	ATE ATH	June	h	23		957
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIES	D 🔲 8.	DATE OF BIRTH		9. /	GE (In years	IF UNDER	TYEAR	IF UND	ER 24 HRS.
Male	White	WIDOWED	DIVORCED		14-4-	1866		yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of working Farmer	N (Give kind of work   life, even if relired)		no of Business or		11. BIRTHPLAC		eign caunt	ry)	100	S.A		COUNTRY
13. FATHER'S NAME		0			14. MOTHER'S AU	AIDEN NAME	_	to 4		4		
Halenern U	Tellemen 1	2ay	les		Unlareum	Mari	, A	me.	Nat	1		
1S. WAS DECEASED EVER	R IN U. S. ARMED FO	service)	SOCIAL SECURITY NO.		cords Ea	stern	Shore	Address	Hosp	ital		
PART I. DEATH	H [Enter only one county on County on County on County one County on C	Coror	or (a), (b), and (c).] Lary occlus	sion						INTE	ET AND DE	Min.
Conditions, if an	DUE TO	Gener	alized Art	erio	sclerosi	s.				1	yr.	plus
gove rise to immedi (o), stating the vi cause lost.	ote couse											
PART II. OTHI	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO TH	HE TERMINAL	ISEASE CO	NOTION GIV	EN IN PAR		9. WAS PERFO YES [	AUTOPSY DRMED? []
PART II. OTHI	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCU	RRED. (Er	nter nature of injur	ry in Part I or	Port II af it	tem 16.)				
20c. TIME OF INJURY		While	Not while		E OF INJURY (Horry, street, office bl		f. (City or 1	lown)	(Co	uniy)		(Stote)
21. I certify th	at I taok charge	of the r	emains describe	d abay	re, held an A	Autapsy [	, Insp	ection 🖪	Inqui	гу 📑	and	find tho
death resulted	fram: Natural	causes 🗐	, Accident	, Suic	ide 🔲, Hai	micide 🔲	Unde	termined o	cause [	].		
ACTUAL SIGNATURE	Edrida	67	4-10/0	eff	_M.D. CHIEF MED	DICAL EXAMIN	HER 🔲				DATE	SIGNEO
EXAMINER'S NAME (Type) E]	dridge H.	relff.	M. D. U	11		MEDICAL EXAM		]		23 3	June	157
220. BURIAL, CREMATION	N. 26. DATE THEREO	1957	220 NAME OF CEMET	SOO C	CREMATORY	224	LOCATION	(City, town,	or country	Lug C	(Sto	(2)
23. FUNERAL DIRECTOR'S	STOTYATURE BAL	toBu	Chookess O	sta	1177	DATE C	REGISTRAR	245. REGI	STRAR'S SI	credit	-	c.Ce

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06259

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6284

		The second second			really piece	101
1. PLACE OF DEATH		***		Where deceased lived. If institu	tion: Residence t	before admission)
-	nester	MARYLAND	o. STATE Mary La	und B. COUNTY	Wicomic	00
b. CITY OR TOWN	(If autside corporate limits, write RURA	c. LENGTH OF STAY IN 16		If autside carporate limits, write	RURAL and give	negrest fown)
and give rearest to Rural-Cambi		12 Months	Fruitland	/ Cunon & Donne		
	PITAL OR INSTITUTION (If not		d. STREET ADDRESS	( Green & Parac	INSEE SE	e. IS RESIDENCE ON A FARM?
Eastern S	Shore State Hos	spital	DELICE DE COMP	DODE CONTROL BUILD	tland.	YES NO M
3. NAME OF -DECEASED (Type or print)	Nettie May	Middle Brumbley	Last	4. DATE Month of DEATH June	23	oy Year 1957
5. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED B	DATMERPEN 17.	1888 9. AGE (In years	IF UNDER TYEA	AR IF UNDER 24 HRS.
Female	White WID	OWED B DIVORCED	1888 ?	687 yes.	Months Days	Hours Min.
100, USUAL OCCUPAT	TION (Give kind of work done	106. KIND OF BUSINESS OR INDUST			12. CITIZEN	OF WHAT COUNTRY?
House wil	king life, even if retired)	own home	Salisbury.	Md ( Rual)	U.S.A	Δ.
13. FATHER'S NAME		***************************************	14. MOTHER'S MAIDEN	ALLOW & TOTAL OF		**
Samuel (	71 asgow			Desconsociation		
15. WAS DECEASED E	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. M	HORMANT	Address	J W SE Y	
(Yes, no, or unknown)	(If yes, give wor or dates of service)	Unknown Re	corde Easte	rn Shore State	Honnita	1 - *
	ATH [Enter only one cause per					
	ATH WAS CAUSED BY:		Mrs. Agn	es Causey (Sist		
200	IMMEDIATE CAUSE (0)	Cerebral acciden	t .		1	two days
33/X	DUE TO					
Conditions, if		rteriosclerosis,	generalized		1	two yrs plu
gave rise to imm (a), stating the	A DISC TO					
couse lost.	(c)					
Z PART II. O	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
Kt. Hip	Fracture, pri	or to admission				PERFORMED?
PRIMARY O ar Co	AUSE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (E				
	704-0	ec. slipped and f			admissi	Lon.
20c. TIME OF INJ		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, formary, street, affice bldg., etc.	m, i 20f. (City ar town)	(County)	(State)
? Haur a. m	: 5/5/57 19	While at work   Home		Fruitland, V	Vicomico	o, Md.
21. I certify	that I toak charge of	he remains described aba	ve, held an Autaps	sy , Inspection ,	Inquiry I	, and find that
death resulte	ed fram: Natural caus	es#, Accident, Sui	cide [], Hamicide	e . Undetermined c	ause [].	
ACTUAL SIGNATURE	Eldridge	H. Work	CHIEF MEDICAL E	_		DATE SIGNED
EXAMINER'S		11	ASSISTANT MEDIC	CAL EXAMINER		
NAME (Type)	Eldridge H. Wol	Lff, M. D.	DEPUTY MEDICAL	EXAMINER	23,	June, 157
220. BURIAL, CREMATI REMOVAL (Specif	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CHEMATORY	22d. LOCATION (City, lawn, o	r county)	(Stote)
Burial	6/26/57	St Johns CE	M.	Fruitland Wic	omico,	Md.
23. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS	24a. REC		TRAR'S SIGNAT	
Hellow	av & Co. Salis	hurr Md.	DATE	192/67 2	0.2	

VS. A15ME(5) 5M 9/55



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6285 CERTIFICATE OF DEATH Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Venere deceased lived. If institution, Residence before admission) o. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If a saide carpotote limits, write death. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RI RAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DA 2 NAME OF 4. DATE Middle Month Day Year filled ges 1 DECEASED OF (Type or print) DEATH 190 IPUNDER I YEAR IF UNDER 24 HR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years campletely Months Days WIDOWED T DIVORCED ! 100. USUAL OCCUPATION (Give kind of weik done during most of working life poor if delined) 106 KIND OF AUSINESS OR INDUSTRY 12. CITIZEN OF WINAT COUNTRY? Da puo 13. FATHER'S NAMED 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. LZ-INFORMANZ Address guipi 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Tenorulized nnen DUE TO à Conditions, if any, which VEP MENON 4 Cure gave rise to immediate **DUE TO** cottse (o), stating the underlying cause lost. PAIT 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Joner 11200 lello selanos YES NO NO 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a. m. factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased fram the company to the control of the Jerry = 2 1957, that I last saw the deceased and that death accurred at \$30 P.M. from the causes and on the date stated above. ach ADDRESS (Street City or fown, stote) ACTUAL SIGNATURE DIR pr P Shauk 3 shauk PHYSICIAN'S NAME (Type) TO FUNER PURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMPTERY OF CREMITORY 22d. LOCATION (City, to (Stote page FLINERAL DIRECTOR'S SIGNATURE ADBRESS 246. REC'D BY REGISTRAR 24bcREGISTRAR'S SIGNATURE

STREET, OF BRATH

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THE PARTY OF STREET STREET, BUT THE PARTY OF S

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d and the second	b. CITY OR TOWN RURAL and give RURAL and give Camb d. NAME OF HOSI OR INSTITUTION LASTERN S 3 NAME OF DECEASED (Type or print) 5. SEX Male 100 USUAL OCCUPA	PITAL (If not in hospitat, g	ts, write c	MARYL  LENGTH OF STAY II  1 month  dress)	AND	2. USUAL RESIDENCE (No. STATE	Where deceases	b. COUNTY	Cr	before adm Olina negrest to	
d and the second	b. CITY OR TOWN RURAL ond give RURAL ond give RURAL ON INSTITUTION OR INSTITUTION LOSTOR DECEASED (Type or print)  5. SEX Male  100 USUAL OCCUPA	(if outside carporate limit nearest town) or idge PITAL (if not in hospitat, g) thore State  Fine  [AATT 1]  6. COLOR OR RACE	ive street od	l month dress)  Middle		c. CITY OR TOWN (I Ridgely d. STREET ADDRESS	and Foutside corpo	b. COUNTY	Cr	e. IS I	RESIDENCE
d and the second	b. CITY OR TOWN RURAL and give RURAL and give Camb d. NAME OF HOSI OR INSTITUTION LASTERN S 3 NAME OF DECEASED (Type or print) 5. SEX Male 100 USUAL OCCUPA	(if outside carporate limit nearest town) or idge PITAL (if not in hospitat, g) thore State  Fine  [AATT 1]  6. COLOR OR RACE	ive street od	l month dress)  Middle		c. CITY OR TOWN (I Ridge ly d. STREET ADDRESS	outside corpo	rate limits, write f	Cr	e. IS I	RESIDENCE
d and the second	RURAL and give  RITAL Camb  d. NAME OF HOSI OR INSTITUTION  A STEPP S  3 NAME OF DECEASED (Type or print)  5. SEX MALE  100 USUAL OCCUPA:	Chare State   First   6. COLOR OR RACE	ive street od	1 month dress) .al .Middle	N 1b	Ridgely d. STREET ADDRESS			RURAL and give	e. IS I	RESIDENCE
A	d. NAME OF HOSION INSTITUTION  LASTERN S  NAME OF HOSION  OR INSTITUTION  LASTERN S  NAME OF HOSION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  TO SEX  THE INSTITUTION  OR INSTITUTION	PITAL (If not in hospitat, g	Hospit T	dress) .al Middle		d. STREET ADDRESS	0.	5 <sup>-</sup> X		10	I A FARM
	OR INSTITUTION LOSTORY S 3 NAME OF DECEASED [Type or print] 5. SEX Male 100 USUAL OCCUPA:	COLOR OR RACE	Hospit T							10	I A FARM'
	3 NAME OF DECEASED (Type or print) 5. SEX Male 100 USUAL OCCUPA:	Find Service (Service)	**	Middle							
1	(Type or print)  5. SEX  male  100 USUAL OCCUPA:	6. COLOR OR RACE		ב בי אין זכוולים		Last	4. DATE	Moi	nth	Day	Year
	male		7 14100	######################################		THISE	OF DEATH	June	26	,	19
- 1	100 USUAL OCCUPAT	thite	· MARRIEI	D NEVER MARRIED	р∏В	DATE OF BIRTH		9. AGE (In years		EAR IF UN	
- 1	10a USUAL OCCUPAT	10000000	WIDOWED	DIVORCED		4/4/77		last birthday)		ys Hou	rs Mi
- 1	during most of w	ION (Give kind of work of	ione 10b. Kli	ND OF BUSINESS OR	INDUST	RY   11. BIRTHPLACE (Sto	te or foreign o		12 CITIZE	N OF WH	AT COUR
-	er, ineer	orking life, even if retired)	1 1	Constructi		Hew Jerse	_			.3.	
1	13. FATHER'S NAME					14. MOTHER'S MAIDEN	41		1 0	eU.	
TI I	Jay Edward	Lilonica				Elizabeth					
		VER IN U. S. ARMED FOR	CES? 14. SC	CIAL SECURITY NO	T17. IN	FORMANT	TXOII	Add	ress		
Sange .	(Yes, no, or unknown)	(If yes, give wor or dates of se	mvice) [ 09.	5-07-8046			hat T				
	1.0	EATH [Enter only one con		1117-2.	Hab t	ern Shore S	tate in	os oftal 1		INTERVAL	
	Conditions, if gove rise to cause (a), statin lying couse las	immediate DUE TO	)	nary throm	10081	S					
	PART II. O	THER SIGNIFICANT CON		NTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THETER	MINAL DISEAS	CONDITION GIV	VEN IN PART 1	g) 19. WA	S AUTOP
	E	e rsychosis	7	14-1	valville.					PER YES	FORMED
	200 ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL		20b DESCRI	BE HOW INJURY OC	CURRED.	(Enter nature of injury i	n Part I or Parl	It of item 18.)		163	
	20c. TIME OF INJI Hour o. ji	10	While	URY OCCURRED 2 Not while at work	20e. PLA(	E OF INJURY (Home, far ory, street, office bldg., e	rm, 20f. (City	ar town)	(Cov	nty)	(\$1
	21. I certify olive on ACTUAL SIGNATURE	that I attended the	deceased , 12.5_7	**	1	., 1957., to J occurred at 8,50 p. S. E. T.	AM, from	26, 195 the causes of reat, city or town, Count	and on the	dote sto	e dece
		homas J. Dre		22c. NAME OF CEMET	TERY OF	CREMATORY	72d IOCA1	ION (City, town,	O country		
	Burial Specif	July 1, 1	957	Hill Cres		emetery	Fede	ralsburg	, Maryl	and	ate)
	23. FUNERAL DIRECTO	KS SIGNATURE		ADDRESS Ederalsh	any	24a. REI	C'D BY REGIST	RAR 24b. REGI	STRAR'S SIGNA	ATURE	

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BUREAU V. F.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06265

	6288	CERTIFIC	ATE OF DEATI	Н		Reg. D	ist, No	. /	16
1. PLACE OF DEATH o. COUNTY Porchester		MARYLAND	2. USUAL RESIDENCE (W. o. STATE	here decease	d lived If institut b. COUNTI	Som .:	nce befo	re odmiss	iion)
b. CITY OR TOWN (If outside corpora RURAL and give neasest town) rural Cambridge	le limits, write	c LENGTH OF STAY IN 16 2 months	c. CITY OR TOWN (IF		orate limits, write I	RURAL and	give nec	orest fow	n)
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION FIRST LINOTE State			d STREET ADDRESS 310 Cove ot.						SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	First CAREY	WELD(N	EVANS ton	4. DATE OF DEATH	June	nth 6	Do		Yeor 19 57
s. sex 6. color or white	WIDOW		8 DATE OF BIRTH 9/29/73		9. AGE (In years lost by the day)	IF UNDE Months	R 1 YEAR Days	Hours	ER 24 HRS Min.
190. USUAL OCCUPATION (Give kind of during most of working life, even if a World ITM 2II)	afiradi l	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	or foreign c	ountry)	12. CI	TIZEN C		COUNTRY
13. FATHER'S NAME  William F			14 MOTHER'S MAIDEN I		Catherin	ne Man	rsh		
15. WAS DECEASED EVER IN U. S. ARMEI (You, no or unknown) (If yes, give wor or do not not not not not not not not not no	les of service)		informant astern . Fore S	State 1	Add nos nital		rds		
		ine for (o). (b). and (c)] neralized arte	riosclerosis				INTE	ERVAL BE	TWEEN
Conditions, if any, which gove rise to immediate couse (a), stating the <u>underlying couse lost.</u>	(b) UE TO (c)								
PART H. OTHER SIGNIFICANT  Denile se contribution cause of difference of	hosic	CONTRIBUTING TO DEATH 84				VEN IN PAI	(† 1(o) 1	PERFO	AUTOPSY PRMED? NO [2]
	NER) Yeor 20d. I	NJURY OCCURRED 20e.	LACE OF INJURY (Home, form	n, † 20f. (City		(	(County)		(Stote)
21. I certify that I attended		rk at work			5 <u>19.51</u>	Z.,that I	last so	aw the	decease

220. BURIAL, CREMATION, SEMOVAL (Specify)

NAME (Type)

22b. DATE THEREOF

Thomas J. Dredge

22c. NAME OF CEMETERY OR CREMATORY American Legion Cemetery

22d. LOCATION (City, lown, or county)

ADDRESS (Street, city or town, state)

Cambridge, Ad.

(State)

DATE SIGNED

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DECEINEL

BUREAU V. S.

Reg. Dist. No.

	4	o. COUNTY	Dorchester		MAI	RYLAND	0		
	1	b. CITY OR TOWN RURAL and give	(If outside corporate limits nearest town) Cambridge		LENGTH OF STA	r in 16 Le	, c		
		d NAME OF HOSE OR INSTITUTION	Gay & Sprin				ď		
		NAME OF DECEASED (Type or print)	First Regi	nald	LeCom				
	5 5	Male	TTL 2 A.m.	7. MARRIED	NEVER MAR		Ju]		
1	100	during most of w Antique	TION (Give kind of work de grking life, even if retired) Furniture Rej	airmai	of Business a Self e	or indus	red		
	13	FATHER'S NAME	Hampton	_			14		
			<b>Ouckaria</b>	रिकारिकाम्	DA DE				
		WAS DECEASED E	VER IN U. S. ARMED FORCE (If yes, give violate of ser	ES? 16 SOC	IAL SECURITY N		rs.l		
		18. CAUSE OF D	EATH [Enler only one cau	se per line fo	( (b), and (	r) ]			
		PART I. D	EATH WAS CAUSED BY.		Fins	ale	77		
		163 X	DUE TO	Time	h.	1			
		Conditions, if	immediate (	Told	C. Willey	Leve	English .		
		couse (a), slatin		Fin	La con	10	4		
	z	lying couse los	, (4).		MULL	EATH BUT	NOTE		
	CERTIFICATION	alest	otisen Significant cond	urou	24.	Lef 1	MUIN		
		OR CONTRIBUTIN	WAS UNDERLYING (1) HG (1) CAUSE OF DEATH FY MEDICAL EXAMINER)	106 DESCRIB	E HOW INJURY	OCCURRE	D. (Ent		
	MEDICAL	20c. TIME OF INJU-	10	20d. INJUI While of work	Nat while	20e. PL	ACE O		
		21. L certify:	that Lattended the	deceased	fram				
			21. I certify that I attended the deceased fram						
1		ACTUAL SIGNATURE	mes (1)	Kora	por		м.b (,		
E .		PHYSICIAN'S NAME (Type)		V	/				
	220	BURIAL CREMAT		22	c. NAME OF CE	METERY O	R CREA		
		REMOVAL (Speci	(y)	OFT C	Theatast C	humak	Co		

o. COUNTY Dorchester MARYLAND	o STATE Maryland b. COUNTY DOTCHOSTOT						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give profest fown) Cambridge entire life	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge						
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Gay & Spring Streets	d STREET ADDRESS Gay & Spring Streets ON A FARMS YES NO						
NAME OF First Moddle DECEASED (Type or print) Reginald LeCompte	Henry 4. DATE June 9, 1957 Day Year 19						
SEX 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED WIDOWED DIVORCED DIVORCED	July 23,1888  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Gat be gray)   Months   Days   Hours   Min						
outsual Occupation (Give kind of work done 106. KIND OF BUSINESS OR INDU- duting most of working life even if relief)  Antique Furniture Repairman Self employ	stry 11 Birthplace (Stole or foreign country)  yed Cambridge						
FATHER'S NAME Hampton Henry	Octavia LeCompte						
	rs.Margaret S.Henry, Gay & Spring St.,						
18. CAUSE OF DEATH [Enter only one cause per line fat (o) (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH						
PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	3mas						
Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  DUE TO  (b) Tokic Carpellars see to interest assess 2 2 2000  (c) Limited Carpellars of the line of Parameter Carpellars of the line of							
Theoforesun Chronic Mel of	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED?  YES NO						
200 ACCIDENT WAS UNDERLYING (1) 206 DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter notyre of injury in Port I or Part II of item 18.)						
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Solve PL Hour o. m. 19 While Nat while of work of work	ACE OF INJURY (Home, farm, 20f (City or town) (County) (State) ctary, street, office bldg., etc.)						
21. I certify; that I attended the deceased fram.	1853, to King 9, 1957, that I last saw the deceased						
ACTUAL CONTRACTOR	accurred at 7;50/PM, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED						
SIGNATURE (MILES ) PHYSICIAN'S NAME (Jypo)	M.O. Carlo Major John S. J.						
Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Christ Church							
FUNERAL DIRECTOR'S SIGNATURE ADDRESS Servetter Summontinge, 1	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE  10. DATE 4/2/57 Jala Hace 71.						

VS A15 (4) 15M 9/55

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DE VIETSERA TREE TI NU. S. S. V. UALIZIUA

please exer	4 should be		crematian,	(
ithin 24 hours ofter death. If any delay is necessary,	Give Pages 1, 2, and 3 to the funeral director. Page	3. Page 5 may be retained for your files.	. File pages 1 and 2 with the registrar prior	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	forwarded to Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	TO FUNERAL DI COR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior gurial, cremation,	or removal.

M

and A	ARYLAND	STATE	DFPARTME	NT OF H	EALTH-	BAL	TIMORE,	18
028	9 MEDICA	AL EX	AMINER'S	CERTIF	ICATE	OF	DEATH	D.

Reg. Dist. No. 268

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residen	ce before admission)
Dorchester MARYLAND	e. STATE Maryland b. COUNTY Wicon	nico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest teen)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
Cambridge 4yr.9mo.21da	Salisbury	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Eastern Shore State Hospital	302 Naylor St.	YES NO
3. NAME OF First Middle	Lost 4. DATE Month	Doy Year
	ilghman DEATH June	17 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8		
Male White WIDOWED DIVORCED	1-3-96 61 yrs. Months D	oys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if relired)	TRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZ	EN OF WHAT COUNTRY?
Machinist	Maryland (Fruitland)	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Theodore Hilghman	Elizabeth Watson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. H	NFORMANT Mrs. Dorothy P. Hilghman (Wife) Nay	2 am CA Ca 2 164
	ECORDS - Eastern Shore State Hos	pital
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COTONARY OCCLU	sion	Instant
Ly Ac II DUE TO		
Canditions, if any, which) (b)		
gove rise to immediate cause (		
(o), storing the underlying DUE IO		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
<del> </del>		PERFORMED?
PARY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN  20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D  CAUSE OF DEATH.	enter nature of injury in Port I or Port II af item 18.)	
A DO THAT OF WHIRPY March Day Year 1904 IN HIRY OCCUPED 1904 BLAN	CE OF INJURY (Home, form, 120f. (City or town) (Coun	
	ory, street, affice bidg., etc.)	ty) (State)
21. I certify that I taak charge of the remains described abo	ive, held an Autopsy , Inspection K), Inquiry	n. and find that
death resulted fram: Natural causes , Accident , Sui		La sita ma
ACTUAL SIGNATURE CALLED TO THE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER	6/17/57
Examiner's John Face Jr.	DEPUTY MEDICAL EXAMINER	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county)	(State)
Burial Jun. 19, 1957 Shad Point	Cometery R.D. Salishury M	arriand
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'O BY REGISTRAR 24b. REGISTRAR'S SIGN	
HOLLOWAY & COMPANY FUNERAL HOME - SALISBU	URY. MD. DATE 6/20/57 Jake 2	race M.

VS. A15ME(5) 5M 9/55

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VS A15 (4) 15M 9/55

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physician (

death.

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ZSGT II NA:

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DATE



DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 6292 ¥ PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed a. COUNTY g. STATE **b.** COUNTY MARYLAND Dorchester Maryland Dorchester b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Smithsville Life Smithsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 2-17 ON A FARM? YES TO NO NAME OF First Middle Lost 4. DATE Month Year Day DECEASED OF DEATH (Type or print) E. 19 5' June Marry Keene IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Doys Hours WIDOWED 17 DIVORCED ! yrs. Pemale Negro 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife USA Housewife Dorchester Co., Md 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME # Wilson Robert Annie remove 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Smithsville, Md. 220-09-07 Keene. 18 CAUSE OF DEATH [Enter only one cause per-fine for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which permit gave rise to immediate DUE TO caese [a], stating the underlying cause last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, form, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) a. m. While Not while of work Dt work p. m. 21. I certify that/I attended the deceased from . 195 Ca., ta. 1957, that I last saw the deceased alive an and that death accurred at\_\_\_\_\_ \_\_\_M, from the causes and an the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE Pa PHYSICIAN'S NAME (Type) FUNER 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slate) REMOVAL (Specify) 7957 Smithsville. Buria Smithsville Cemeterv 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

## BUREAU V. S.

2501 OT 701



VS A15 (4) 15M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18 06273
M	6293 CERTIFICATE OF DEATH	Reg. Dist. No.
ned wi	1. PLACE OF DEATH O. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institute of COUNTY  MARYLAND  ARVIAND  ARVIAND	
90	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. A. A. A. A. A. A. C. C. F. C. C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	RURAL and give nearest town)
2 2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  IF ASTERN S'HORE STATE IT OFFITAL  R.D. # 1 Pittaville	e. IS RESIDENCE ON A FARM? YES NO
	(Type or print) ADDIE MAE KELLEY DEATH JUN	onth Day Year 18 1957
	- V/ WIDOWED DIVORCED AUG- 22 1844 62 m	s IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
T T	HOUSE VYIFE MARYLAND	artis WICOMICS
ve caro us after	13. FATHER'S NAME  TOHN HENRY PARKER  14. MOTHER'S MAIDEN NAME  LOUISIANA Adkins	
172 hay	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAT. ROBert W. Kelley (Hurt No. No.   17. INFORMAT. ROBert W. Kelley (Hurt Hospital Received)	and)R.D. 1 Pittsvil
ant within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORDINARY COLLUSION	INTERVAL BETWEEN ONSET AND DEATH  HRS
any eve	Conditions, if any, which by HEMIPLEUIA	21 MOS
ond in	cause (a), stating the under- lying cause last.    DIABETES MELLITUS	OFFER I WEEK

WAS AUTOPSY PERFORMED? CERTIFICATIO YES NO 1 200. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Day, 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Q. ft. While Not while at work p. m. 21. I certify that I attended the deceased and that death accurred at \$500 km ram the causes and an the date stated above DATE SIGNED ACTUAL SIGNATURE ARRY RAWFOR 225. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specific Jun. 21.1957 Perdue Cemetery villa 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE

HOME

BUREAU V. S.

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BECEINEU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06274MEDICAL EXAMINER'S CERTIFICATE OF DEATH please exe-10 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY Dorchester MARYLAND Mary land Jorcharter b. CITY OR TOWN (If outside corporate firms, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lown) and give negrest town! Since 3-20-5 Cambridge Williamsburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 15 RES DENCE ON A FARM? files. ma tern Shore Stace cospical YES NO NAME OF First Middle 4. DATE Last Month Day Yeor DECEASED (Type or print) White gllv DEATH Jane 1921 5. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lest birthdayt Months 2-12-82 ul e White WIDOWED [7] DIVORCED | YIII. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. England .uusewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOP William White Mary Ann Cockle M) Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If yes, give war or dates of service) Give Give t rn Short Stale "ospit l CITIS PM3. permit. TO MILE 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). in Item 18. PART I. DEATH WAS CAUSED BY: Coronary occlusion miln. with form IMMEDIATE CAUSE (a) a burial-transit **DUE TO** Canditians, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause lost PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS ő PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20r. TIME OF INJURY Month, Day, Year 20f. (City or town) [County] Medical Page 3 sh factory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry L and find that OR: death resulted from: Natural causes 17th, Accident | |. Suicide [ ]. Hamicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 0 ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S John Mace Jr. DEPUTY MEDICAL EXAMINER TO forward NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Will Crest Cemetery

VS. A15ME(5) 5M 9/55

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Burial Federal ADDRESS md 23 FUNERAL DIRECTOR'S SIGNATURE transplom In

22a. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

240. REC'D BY, REGISTRAR DATE

22d. LOCATION (City, town, or county)

Federalsburg, , Maryland (Stote) 24b, REGISTRAR'S SIGNATURE

NO [2]

(State)

EUREAU V. S.

OBAIDE OF NAME

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06275MEDICAL EXAMINER'S CERTIFICATE OF DEATH emation Reg. Dist. No. ). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE **b.** COUNTY Dorchester Co. MARYLAND Dorchester Co. 5. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) Cambridge Md. 16 Days Crapo Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? rech 01 files. YES NO Cambridge Md. Hospital Crapo Md. 3. NAME OF First Middle 4. DATE Last Month Dov Year DECEASED [Type or print] Mollie DEATH Elizabeth Kirwan 19 June 57 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 18. DATE OF BIRTH 9. AGE I'm years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) 3 to the Months Hours Min WIDOWED [ Female White DIVORCED [ Dec. 26. 1870 86 yrs. 100. JSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 2 6 None None USA Crapo Md. ДОШ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Webster Elizabeth Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give No Nane Mrs. Ogle Bradford Crano Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Uremia farm days IMMEDIATE CAUSE (a) DUE TO Intratrochanteric fracture r. femur days Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED2. NOT 200. EXTERNAL CAUSE WAS PRIMARY OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) 25 she walked to auto. Ехош should WEDICAL 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Mome, form, | 20f. (City or fawn) Month, Day, Year (County) [State] 1,95 factory, street, office bldg., etc.) While While Not while at work | Md. Dor. Nr. Home Crapo p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [7], Inquiry X, and find that 6 death resulted fram: Natural causes . Accident K., Suicide , Hamicide , Undetermined cause 0 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER TO John Mace Jr. 220. BURIAL CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 0 1957 Dorchester Nem. Park June Cambridge 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 746. REGISTRAR'S SIGNATURE VS. A15ME(5) LeCompte Funeral Service Cambridge Md. 5M 9/55

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MEDICAL

DEPUTY

BUREAU V. S.

DECEIVED NUI.

uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page A by the hospital or attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by the effeched far use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 to burial, cremation, or remayal, and in any event within 72 hours fafter death. TO FUNERAL DIF page 3 should the registrar prior

MARYLAND	STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 1	8

06276

295	CERTIFICATE	OF	DEATH

L		0400				-				Keg.	Dist. No.		
	PLACE OF DEATH					2 USUAL	RESIDENCE (Wh	era decesso	d fived. If institu			re odmin	iion)
	Orchester MARYLAND			LAND	o state Md. Dorchester								
	B. CITY OR TOWN (II RURAL and give ne	outside corporale limit	ls, write	E LENGTH OF STAY	IN 1b	c. CIT	OR TOWN (If o	utside corpo	orate limits, write	RURAL o	nd give nec	arest low	n)
	Hurlock 3 yrs.					// rural Williamsburg							
	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	oddress)		d. STE	EET ADDRESS					e. IS RES	SIDENCE FARM?
	Fisher	Nursing H	ome			/						YES 5	NO 🗌
3	NAME OF DECEASED	Fire	17	Middle			Lost	4. DATE OF	Mo	nth	Do	ly Y	Yeor
		Hattie Hu	bbe	rt Lord				DEATH		22,	I95	-	19
5 5	SEX		7. MAR	RIED MEVER MARRI	ED 🔲 8.	DATE OF	BIRTH		9. AGE (In years lost birthday)	Month	DER TYEAR	Hours	ER 74 HRS Min.
	fem.	white	WIDOW	Auto-in-	-	May			78 m				
10a	USUAL OCCUPATION during most of work	IN (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS O	R INDUSTI	RY 11. B	RTHPLACE (Stole	or foreign c	ountry)				COUNTRY?
	housewi:			none			Md				U.S	. A.	P
13.	FATHER'S NAME					14 MOT	HER'S MAIDEN N	NAME					
Henry Hubbert							Mary Ja	ne G					
15. (Yes	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or do'm of to		SOCIAL SECURITY NO	). 17. INF	ORMAN			Ad	dress			
	no			none	Mis	s Ma	adeline	Lor	d Will	iam	sbur	2.	nd.
		•	uze er li	ineffor (o) (b) and (c).	+ A	7	PO 1	41 "		151	INT ON	ERVAL BE	DEATH
	PART I. DEA	PART 1. DEATH WAS CAUSED BY Deligaration due to interition - non specific incerts											
	: 72,5	DUE TO	0	$0.0 \div 6$	o D.	1-	5	+	- 1-1-	,		4	4
	Conditions, if or	10		Answer (	) F U	wa	49/W	<u> </u>	Culaus	<u> </u>	1	VY.	レーヤ
	gove rise to in couse (o), stating t											V	
-	lying couse lost.	] [c				4-							
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO SE	ATIN BUT N	OT RELA	ED TO THE TERMI	INAL DISEAS	CONDITION G	IVEN IN I	PART I(o)	PERFC	DRMEDE
CA		Der	باللد	W ; I	ne	re	es m	الالو	us			YES	NO X
ERTH		CAUSE OF DEATH	20b. DES	CRIE HOW INJURY O	CCURRED.	(Enter no	ture of injury in I	Fort I or For	fill of dem 16)				
		MEDICAL EXAMINER)			Inc. min								
MEDICAL	Hour o m.		or 20d While	Not while			IURY (Home, form, øffice bldg., etc		y or town)		(County)		(State)
M	p. m.	19	ol wo										
	21. I certify th	at I attended the	decea				50, la	una!	22., 195.	7,that	l last so	aw the	deceased
	alive on	m 21	, 12.	2.7., and that	death o	accurre	d ot 1	AM, frai	m the causes	and a	n the da	te stat	ed abave
		11.01		t'			~	ADDRESS (S	itreet, city or towr	, stote)			ATE SIGNED
	SIGNATURE	man de	U V	W.G.		D					6	2 2	D > 7
	PHYSICIAN'S	1/1/1/2	1010	156V)	MI	)	1 (		-ch	1/1	11.	-	
	NAME (Type)	v.C. 71.0	_Y_[		الحل			UUZK	0 -K				
220	BURIAL CREMATIO REMOVAL (Specify)	_		22c NAME OF CEM					TION (City, town			(\$1o)	te)
	burial	June26,	195	7 Hiller	rest	Cem	etery	Fe	deralsk	urg	, Md	ь	

ADDRESS

William Wederalsburg, Md.

VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

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DECENDED

			3296		ENT OF HEALT			Rag. Dist. No	06277				
1.	PLACE OF DEATH	orchester		MARYLAND	2 USUAL RESIDENCE (W. o. STATE	_	d If institution b. COUNTY	Wicomic					
	B CITY OR TOWN RURAL ond give Cambride	,	its, write c. Ll	ength of stay in 16 23 days	c. CITY OR TOWN (# Salisbur		imits, write RUI	RAL and give ne	arest lown)				
4.	d. NAME OF HOS OR INSTITUTION Eastern	Shore State	give street addre Hospita	**) ]	d STREET ADDRESS 824 Brown	st.			e. IS RESIDENCE ON A FARM? YES NO T				
3	NAME OF DECEASED (Type or print)	Fi Ge	eorge	Middle Washingto	n McNelia	4. DATE OF DEATH	Month Jun		y Year 1957				
	. sex Male	White	WIDOWED [X	DIVORCED [	8 DATE OF SIRTH 9-11-1870		st birthdoy) 86 yrs.	F UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min,				
1	Unknov	vorking life, even it retired	done 10b. KIND	OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (SIGN		)		J.S.				
13	Benny M				14. MOTHER'S MAIDEN Marga	NAME aret Russ	ell						
15	WAS DECEASED (	RECORDS											
		DEATH [Enler only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c		(o). (b). ond (c).] Chronic my	ocarditis			INT	ERVAL BETWEEN				
	Conditions, if gove rise to couse (a), stati	ng the <u>under:</u> DUE TO	)		erosis, gener	ralized							
CERTIFICATION	Chroni	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY Chronic Brain Syndrome Associated with Senile Brain Disease, W. Psy. Read PERFORMED?  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURSE OF DEATH CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT											
MEDICAL	20c. TIME OF IN. Hour e. (	11.		Not while fo	ACE OF INJURY (Home, for clory, street, office bldg., et	m. 20f. (City or to	wn)	(County)	(State)				
	21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Edwin J. W.	1257 Vasz	and that death	occurred at 12:15	AM, from the ADDRESS (Street, Stand	causes an	d on the da	the stated above.  DATE SIGNED  CONTROL  DATE SIGNED				
7	REMOVAL (Spec	TION 1226. DATE THERE	OF 22c.	NAME OF CEMETERY OF Smith Mil	le	22d. LOCATION Delmar "D BY REGISTRAR	Del		(Stote)				

BUSEVO A. Z.

DECEINED.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 062786274 CERTIFICATE OF DEATH Reg. Dist. No. ¥. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution. Residence before admission) **a.** COUNTY o. STATE **b.** COUNTY Fled MARYLAND Dorchester Co. MdDorchester Co. b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest town] Week Toddville Md. Cambridge Md. d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Md. Hospita. Toddville Md YES | NO | NAME OF 4. DATE Middle Last Month Year DECEASED (Type or print) DEATH W. Meredith Lewis June 19 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Manths Days Hours DIVORCED [7] Male White WIDOWED | Jan. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? deoth Waterman Fishing Toddville Md. USA ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Not Known Not Known IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address attending None Mrs Eldridge Smith Cambridge Md. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cattle (a), stoling the underlying couse lost PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 197 WAS AUTOPSY PERFORMED? NO 17 20a ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Lor Port It of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour e.m. While Not while ot work at work p. m. 21. I certify that I attended the deceased from ...that I last saw the deceased and that death occurred at 4 /4 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL FUNERAL DIRE prior SIGNATURS PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1957 June Dorchester Mem Park Cambridge 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) LeCompte Funeral Service Cambridge Md.

death:

haurs offer

certificate

15M 9/55

BUREAU V. S.

DECENAED SE

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6297MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY **b.** COUNTY MARYEAND Marvland Worcester lorenester b. CITY OR TOWN III autide corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and own people! lowel 5 mos. 19 das. Caphridge Stockton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO M Eastern Snore State Hospital 3. NAME OF 4. DATE Month Year DECEASED (Type or print) DEATH Merritt 19 57 Charles June 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Ile years IF UNDER TYEAR IF UNDER 24 HRS Months Min. Hours 9-28-80 WIDOWED | DIVORCED [ 6 yes Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maryland ILS.A Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Merritt Susan -15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Eastern Shore State Hospital records INTERVA, BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY: Massive pul onary embolus 10 in. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which Generalized arteriosclerosis Tr. plus gove rise to immediate cause DUE TO (a), stating the underlying Intertrochanteric fracture of right hip couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY 03 PERFORMED? Ch.Pr.Sy.Assoc. With Cerebral Artericsclerosis With Psychotic Reaction NO IX 200. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. Patient fell while train to set out of chair 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f., (City or town) (Caunty) (State) foctory, street, office bldg., etc.) While Not while at work | 5-30 1957 Javana, lospital On bridge, porchester, rd. 21. I certify that I took charge of the remains described above, held an Autapsy [7], Inspection [8], Inquiry [8], and find that Accident X, Suicide . Hamicide . Undetermined cause . death resulted from: Natural causes 1. ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR 0 0 forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Eldridge H. Wolff NAME (Type) DEPUTY MEDICAL EXAMINER 224. MAINE OF CEMETERY OR CHEMATORY 220 BURIAL, CREMATION, 226. DATE THEREOF 22d, LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) 0

ADDRESS

REGISTRAR'S SIGNATURE

DATE

VS. A15ME(5)

MEDICAL

425

5M 9/55

23. BUNERAL/DIRECTOR'S SIGNATURE

BUKEAU V. S.

1901 9 NNC

BECEIVEL

BUREAU V. S.

SECEIVE

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06281

I, PLACE O	F DEATH				. USUAL RESIDENCE (V	Vhere deceas	ed lived. If Institu	ution: Resid	dence be	fore adm	ission)
" a. COUN	Dorchester (	lo.	MARYL	AND	o. STATE Md.		b. COUNT	T)	arch	ost.e	r Co.
b. CITY C	OR TOWN (if outside corporate limits, a		c. LENGTH OF STAY IN	v 16	c. CITY OR TOWN (IF	autside corp	parate limits, write		~~		
	bridge Md.		Life		3 Cambrid						
	OF HOSPITAL OR INSTITUTION	(If not in ho			d. STREET ADDRESS	50 114				e. IS R	ESIDENCE
	e Cambridge Md.				Cambri	dee Ma	3 .				A FARM?
3. NAME C	) -	First	Middle		Lant	4. DATE	Mont	h	Day		fear
(Type or	BD .			Ma	ore	DEATH	-		77.		9 57
5. SEX	6. COLOR OR RAC		ED NEVER MARRIED				9. AGE (In years	IF UNDE			ER 24 HRS.
Femal	e White	WIDOWE			ril 8. 1871		86 yes.	Months	Dayı	Haum	Min.
10a. USUAL	OCCUPATION (Give kind of wor	k done 10b.	31			or foreign o		12. Cr	TIZEN O	F WHAT	COUNTRY
None	ost at working lite, even it retired	3)									
13. FATHER			None	li.	Neck Dis		cnester	UO.	U,	SA	
				"			4 . 3 3. 3				
	iiah Beckwith ECEASED EVER IN U. S. ARMED F	ORCES2 14	SOCIAL SECURITY NO.	17. INFO		ces Mi	tchell Address				
[Yes, no, or un		of service)				-					
No	ice or proper formation		lone	MIT	lard Moore	Can	bridge R	CFD #		Vid.	
	JSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY:				3				DNSI	T AND DE	ATH
	IMMEDIATE CAUSE	(0)	erebral v	ascı	llar accid	ient			1	0 hi	rs.
	/ X DUE TO	0									
	ians, if any, which) se to immediate cause	b)									
	oting the underlying DUE To	0									
conse		[c]									
Z F	ART II, OTHER SIGNIFICANT CO	NOITIONS CO	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NALDISEASE	COND TION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
<u>حـــا</u> ک										YES 🗍	NO 🚮
ZOO, EX' PRIMAR CAUSE	TERRAL CAUSE WAS	20b. DESCRIB	E HOW INJURY OCCURR	ED. (Enla	r nature of injury in Port	I or Part II	of item 18.)	-			
- 1	OF DEATH.										
<u> </u>	AE OF INJURY Month, Day, Y		NJURY OCCURRED 200	PLACE	OF INJURY (Home, farm	20f. (City	or town)	(Co	ounty)		(Slate)
MED IN	our a.m. p. m. 1	9 at we	e Natwhile ork at wark	ractory,	street, office bldg., etc.	'					
21. 1	certify that I taak charg			above	held an Autaps	/ []. In	spection",	Inqui	rv 🗖	and	find that
	resulted from: Natura						determined of			, unto	ind ma
000.11			J, 1.14.440	001010	C [], Hamicide	□, 0,	iderer illined (	TORSE _	٦.		
ACTUA		17-7-	20- 8		CHIEF MEDICAL EX	AMINED [7]				DATES	IGNED
SIGNA	TURE	Est Start	Trus G	N	ASSISTANT MEDICAL EX	_					
NAME	NER'S John Mace	Jr.			DEPUTY MEDICAL E	7.7	_	6/	12/	57	
	, CREMATION, 226. DATE THER		In all the Or Cruster	V CA CA		_	-		1.2/		
REMOV	AL (Specify)		22c. NAME OF CEMETER				TON (City, town,	or county)		(Stote	*)
Buria	June 13.	1957	Greenlawn (	Jeme			ridge	Cap a pid co	Md	-	
TO LOUGIN	PINCUION S SIGNATURE		WDDVE22		24g. REC'[	BY REGIST	RAR   246, REG1	STRAR'S SI	GNATUI	(E	
	pte Funeral Ser		Cambridge Me	44	-	/ /			_		

forworded to VS. A15ME(5) 5M 9/55

or removol.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any delay is necessory, please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DEFORE Page 3 should be used as a buriof-transit permit. File\_pages \( \)

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uriol, cremotion,



BUREAU V. S.

within 24 haurs after death. Page

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



BUREAU V. S.

executed within 24 haurs after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

ZSGT ZIT NOT

BECEINED

Reg. Dist. No.

	LACE OF DEATH					2 USUAL RES	IDENCE (Who	ere deceased	lived If institu	Iron: Resider	ce befor	e odmission)
0	. COUNTY	Dorchester	Coa	MARY	LAND	o. STATE	Md.		b. COUNT		hest	ter Co.
Ь	CITY OR TOWN (II	outside corporate limit		c. LENGTH OF STAY	IN 16	c. CITY OR		utside corpo	rote limits, write			
	RURAL and give need Cambridge			Life			idge M					
	NAME OF HOSPITA	AL (If not in hospital, p	ve street			d. STREET		(L)			1.	e. IS RESIDENCE
	OR INSTITUTION	317 Oakley	st.	·		317	Oakle;	y St.				ON A FARM? YES NO 10
3. N	NAME OF	Fin	it	Middle		Lo	st	4. DATE	Mo	nth	Day	y Yeor
	DECEASED Type or print)	Miriam		Eugene		Phi.l.	lips	OF DEATH	June		1	7. 19 57
S. S	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	KI DE	B. DATE OF BIRT	alle .	1	9. AGE (In years	IF UNDER		IF UNDER 24 HRS
Fe	male	White	WIDOWI			Jan. 2	3, 189	7	60 Yrsv	Months	Doys	Hours Min
10o.	USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHP	LACE (Stole o	or fareign co	ountry}	12 CI	IZEN O	F WHAT COUNTRY
	None	ing me, even it temed		None		Caml	oridge	Md.		I	JSA	
13.	FATHER'S NAME					14. MOTHER'S						
	Rober	rt E. Phill	ips				E	lizabe	eth Mowb	ray		
15. 1		IN U. S. ARMED FOR		SOCIAL SECURITY NO	, 17. H	NFORMANT	0	1.113	Ad	dress		
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	None		Eliza be	eth	hill	PS 317 0	akley	St.	
	18. CAUSE OF DEAT	TH [Enter only one co	use per lis	te for (o), (b), and (c).								RVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	0	Name of State	· He	1 tace	2000	13 -			ONS	ET AND DEATH
		IMMEDIATE CAUSE (o	0	0 10 0 11 14	()	2 11	0161	73	I WY (3			months
	en a draha de			o hges 17	T.V.	C 17	$\mathcal{A}$	10	1,			2000
	Conditions, if an gove rise to in	nmediate		Tranch	/ 1 a		<u>yn m</u>	di			-	zuyra.
	cause (a), stating t											/
_	lying couse lost.	) (c										
é	PART III. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 15	P. WAS AUTOPSY PERFORMED?
3	420.1	/										YES NO
CERTIFICATION	20° ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	). (Enter noture	of injury in P	art I ar Port	II of item 18.)			
	20c. TIME OF INJURY		e 20d 11	WURY OCCURRED	20e Pl /	CE OF INJURY	Home form	. 20f 10th	ne tewel		Country	/C+-+-1
MEDICAL	Hour o.m.	19	While	Not while	fac	tary, street, offic	e bldg., etc.]	l aut. (City	or town,	Į,	County)	(State)
×	p. m.	17	of wor	k ol work				, , , , , , ,		-		
	21. I certify the	at I attended the	decease	ed from/_]		7. 19	_, lo	9/17	2	that	last sa	w the deceased
	alive on	c412	_, 19_5	, and that	death	occurred at	90%	_M, from	the causes	and on t	he dat	e stated above
	/	0		•			NA	DDRESS (SI	reet, city or town	, stote)		, DATE SIGNED
	ACTUAL SIGNATURE	anseni	M	anjano		M.D	36	Kac	45 2	•	~ (	6/18/5
	PHYSICIAN'S NAME (Type)	Lawren	9),	Maryon	hev.	MD	Ca	mb.	-idge	, N	11	
220.	BURIAL, CREMATION	N. 22b. DATE THEREO	F	22c. NAME OF CEME	ETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote)
F	REMOVAL (Specify)	June 19.	1957	Christ C	hure	h			oridge		Md.	
_	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'D	BY REGIST		ISTRAR'S SIG	-	E
I	eCompte Fi	uneral Serv	rice	Cambridg	e Md	•	DATE LY	119/5	7 71	1.	741	re. 77
							- 7	-44		-	27 65	

may be retained by the hospital or attending physician.

D FUNERAL DIRFOCOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld

Loched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR moy be retained TO FUNERAL DIRE

uneral director,

M

ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after death' Page 4

DECEINED

BUREAU V. K.

		7717-15-11		AIE DEPAKIN	ILIAI OI IIL	ALTH-BA		., 10	069	200	
M		. 63(	)1	CERTIFIC	ATE OF DE	ATH		Reg. D	ist. No.	200/6	
T.	PLACE OF DEATH a. COUNTY	rchester		MARYLAND	II o. STATE	MCE (Where deceo	sed lived, If in: b. COU			lmission)	
	b. CITY OR TOWN (III RURAL and give no	outside corporate limi arest town)	ts, write   c.	LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corp	porote limits, w			town)	
		nbridge AL (If not in hospital, g	1	o. 3 days		nestertow	m / >				
4	OR INSTITUTION	astern Shor			d. STREET ADD	PRESS —			0	RESIDENCE IN A FARM? S NO 🖸	
3	NAME OF DECEASED	Fir		Middle	Lost	4. DATE OF DEAT		Month	Doy	Year	
5	(Type or print)	I COLOR OF PACE		Reese Never Married	ROBINSON B. DATE OF BIRTH	DEAT	9. AGE (In y	une	13 R I YEAR IF U	1957	
	Forale	mite	WIDOWED	DIVORCED [	1677	?	lost birthd	oy) Months	Doys Ho		
10	o. USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired		D OF BUSINESS OR INDI				12. CI	TIZEN OF WI	HAT COUNT	
	7		Hous	sewife		Marylan	d	i	J.S.A.		
13.	FATHER'S NAME	Don't K	now		14. MOTHER'S M.	Don't	Know				
15.	. WAS DECEASED EVE	IN U. S. ARMED FOR		IAL SECURITY NO. 117	INFORMANT	2022 0	222011	Address			
	no, or unknown)	If yes, give war or dates of s	ervice)								
=		TH [Enter only one co	use per line fo		CORDS - Es	isvern So	ore Sta	te Hosp		L BETWEEN	
		TH WAS CAUSED BY:		iac Failure					ONSET A	ND DEATH	
	450.0	DUE TO		edo Tarrard							
	Conditions, if ar	ly, which ) (b	Chron	nic Cardiac	ı/iseasa						
	gave rise to in cause (a), stating t	smediate (									
	lying cause last.	) (c		ral Arterios							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16										
CERTIF	29a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.)										
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes	20d. INJUR	Y OCCURRED 20e. P	LACE OF INJURY (Horictory, street, office bi	ne, farm, 20f. (Ci	ty or town)	(	County)	(State	
ME	p. m.	19		of work							
	21. I certify the	at I attended the	deceased f	rom June 17	19.57	o June	78 , 19	57 that I	last saw t	he decea	
	alive on Jur	е 18	12.57.	, and that deat	occurred at 8				he date st	tated abo	
1	ACTUAL SIGNATURE	tire De	Fili	ppis	.M.D. <u>2.S.S.</u>		Street, city or to Cambrid	,	iand	OATE SIG	
	PHYSICIAN'S TO	. Ettore I	eFilipp	ois							
22	BURIAL, CREMATION	270 DATE THERECO	145 20	. NAME OF CHMETERY	R CREMATORY	22d. toc. Che	ATION (City, to sterto	wn, or county)	rvlar	State)	
			, , , ,	LAKANA M	wille				-		
23.	FUNERAL DIRECTOR	STONATURE //	1	ADDRESS	7 124	a 'REC'DIRY REGI	STRAIL   245	REGISTRAR'S SI	GNATURE -		
23.	FUNITIAL DIRECTOR	is wall	CI	ADDRESS hestertown	, Md. D	a. 'RINT D'ET REGIS	195/4	REGISTRAR'S SI	GNATURE		

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DEVEDUVES.

MEGETALINE

BUREAU V. S.

1				MARYL	AND	STATE DEPAR	TME	NT OF HEALTI	H-BAL	IMORE, I	8		
				. 6	278	CERTIF	ICA	TE OF DEAT	H		Reg. Dist. N	062	88
director,	1	1. 1	LACE OF DEATH					2. USUAL RESIDENCE (W	here deceased	lived. If institution			
ig Ball M		L	ATTY OF TOWN	Dorchester		MARYLA		M	d.		Dorches		
De de		Ι΄	RURAL and give	,	s, write	C. LENGTH OF STAY IN	c CITY OR TOWN (IF	outside carpor	ote limits, write RL	IRAL and give	nearest faw	n)	
		<u> </u>	Cambridg	RAL (If not in hospital, g	ive street c	3 Days		d. STREET ADDRESS	e Md.			e. IS RES	DENCE
200				Md. Hospit		•			_			ON A	FARM?
ond		3. 1	NAME OF	Fin		Middle		10) Mus	4. DATE	Mont			Year
e ===			DECEASED (Type or print)	Emerson				Seward	OF DEATH	June	25		19 57
Pag Pag		5. 9	EX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	8	DATE OF BIRTH		9 AGE (In years last birthday)	IF UNDER 1 YE.	AR IF UND	ER 24 HRS
S S			ale	White	WIDOWE		Januari	Oct. 1892		65 yrs.	Months Day	Hours	Min
cam pape ath.	-1	10a	. USUAL OCCUPAT during most of wo	ION (Give kind of work di rking life, even if relired)	lone 10b. I	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign co	untry)	12 CITIZEN	OF WHAT	COUNTRY?
ond Son I	1		Materman		R	etired		Neck Dist		nester Co	US	<u>.                                    </u>	
5 5 4	4 /	13.	_					14. MOTHER'S MAIDEN I	NAME				
dve dve		15.		Sewand ER IN U. S. ARMED FOR	CF52 16 5	SOCIAL SECURITY NO	17 IN	FORMANT	Ella '	rodd Addre			
12 PP 72 PP	0	[Yes	NO or unknown)	(If yes, give war or dates of se	kAICS]	one		s. Dale Suff	7				
ndin ease hin J				ATH [Enter only one co			11111	ST Date 2011	ter	Cambridg		ITERVAL BE	TWEEN
at a series				ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Con	0	and Oca	her.		Ö	G DO	DEATH
The Year			4.301	DUE TO					·			400	7
alby mit.			Canditians, if	ony, which ) (b)				7					
in c			gove rise ta cosse (o), stating										
and and		z	lying couse lost	- 101								1=	
s be	-	CERTIFICATION	PART II. Q		EV.C.	ONTRIBUTING TO DEAT	H BUT N	IOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(a)	PERFO	RMED?
ouric Juric	-	THC	200 ACCIDENT W			RIBE HOW INJURY OCC	URRED.	(Enter nature of injury in	Port I or Port	Il of item 1B.)		TES ()	NO
or o		CER	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER]						•			
ion,		MEDICAL	20c. TIME OF INJU	RY Month, Doy, Yea			Oe. PLA	CE OF INJURY (Home, form	20f. (City	or tawn)	(Count	y)	(State)
DE B		MED	Hour a.m. p.m.	19	While at work	Not while of work	rack	ary, street, office bldg., etc	i-)				
1, cr			21. I certify t	hat I attended the	decease	d from 12-13	. 5	5, 19 , to 25	6-2	5 195	that I last	saw the	deceased
oche			alive on	6-25	<u>کے 19 ہے</u>	7, and that d	leath (	occurred of	ζε.Μ, Irom	the causes at	nd on the c	late state	ed abave.
2			ACTUAL <	500				$\alpha$	ADDRESS (S)	eet, city or town, s	lole)		ATE SIGNED
Prior P			SIGNATURE	1/1/20	me.	- grander of Congra	M	.D	27	- VEC		45 (	128
AL C			PHYSICIAN'S NAME (Type)										
FUNER		220	BURIAL, CREMATI REMOVAL (Specify	ON, 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR	CREMATORY	22d LOCATI	ON (City, fawn, or	county)	(Stat	e)
Page the re		-	durial	June 28,	1957	Speddens	<b>-</b> S∈		James				
i∓ (15 (4)			FUNERAL DIRECTO			ADDRESS			D BY REGISTR	AR 24b REGIST	RAR'S SIGNAT	URE	
9/55		1,6	scompre 1.	uneral Servi	LCE	Cambridge M	d.	DATE	///	57 72	Kee	Ma	co n
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. K.

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BECEINED

VS A15 (4) 15M 9/55 07425

6280 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	o. COUNTY o. STATE b. COUNTY										
1 6124 00 701111	Dorchester	MARYLAND	Mary]	77777		Dorche					
RURAL ond give no	f outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	s limits, write R	URAL ond give ne	arest town)				
Cambr		8 yrs.	. Cambr	cidge							
OR INSTITUTION	At (If not in hospital, give street		d STREET ADDRESS				e IS RESID				
	idge-Md. Hos	pital	Cross	<u>Stree</u>	t		YES 🗌	ио 🔀			
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mon	th De	ay Ye	or			
(Type or print)	Doris	Shirley	Thomas	DEATH	June		123 "				
5. ŞEX	6. COLOR OR RACE 7. MAR	RIED TO NEVER MARRIED	B DATE OF BIRTH	9	AGE (In years lost birthdoy)	Months Days	Hours	24 HRS.			
Female	Negro widow			929	28 yr.	Moining Days	Hours	MIN			
10a USUAL OCCUPATION during most of world	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or foreign count	try)	12. CITIZEN C	OF WHAT C	OUNTRY?			
Labor	er	Food Packing	Baltimor	e, Md.		US.	Α				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME							
Co	llins Banks		Maryha S	stanley	۲						
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, 1	NFORMANT		Addi	<b>1955</b>					
No		M	artha Stanl	evBank	S. Cen	bridge	. Md				
18 CAUSE OF DEA	TH [Enter only one cause per li		01	//		LINT	ERVAL BETY				
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerefra	I hemos	very	1	JON:	SET AND D	Ci,			
33/X	DUE TO	111-4					74	7			
Conditions, if a		Aykerl	ersun				She	NITTE			
gove rise to in couse (a), stating	mmediate ( DUE 70	1									
lying couse lost.	(c)										
PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART I(o)	PERFOR	TOPSY			
3							YES [				
PART II. OTH	S UNDERLYING ( 20b DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II	of item 18.)						
	MEDICAL EXAMINER										
ZOc. TIME OF INJUR Hour o. ji. p. m.			ACE OF INJURY (Home, form charge, street, office bldg., etc.	n, 20f. (City or	lown]	(County)		(Stote)			
Hour o. ji.	19 White of wor		arony, sinces, other blog., etc	"							
21. I certify th	at Pattended the deceas	ed from 6//	9 10/710	6/2	F) 105	Zthat I last so	au tha d	acagray			
alive on	19 /20 19	1 , and that death	occurred at 12 1/2	The from	ha courar o	nd on the da					
	1)	***************************************	/	ADDRESS (Street		stote)		E SIGNED			
ACTUAL	Courseus N	languner	136	Rac	P 5	<i>t</i> ,	6/	24/5			
		1	m.v		1	1					
PHYSICIAN'S NAME (Type)	JUBAME-	e Mary	PHCV	C 5	mb	ridge	1/1				
220 BURIAL CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	N (City, Iown, c	or county)	(Stote)				
Burial	16/24/1957	Trappe Cer	netery	Tra	ppe, M	aryland					
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAT	24b, REGIS	TRAR'S SIGNATU	ŔĔ				
1. (44-1011X	1 stall	Cambridge	e, Md. DATE	1/2/57	) [	Ken 2	dal	K. 70			
							A-1-0-1-0-1-0				

BUREAU K. E.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6304 remotion Reg. Dist. No should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN, (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? UT.1 YES NO NAME OF Middle 4. DATE Doy Last Month Year DECEASED ENABLEDEATH SUPTON (Type or print) 19 <u>L</u> 9. AGE in year 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED TO B. DATE OF BIRTH IFUNDER LYEAR IF UNDER 24 HRS. years Months Days Hours Min. WIDOWED | DIVORCED yrs. 100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CI ond puo å may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Poges age 5 m Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give PM3. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse **DUE TO** (a), stating the underlying couse last. O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19, WAS AUTOPS S PERFORMED? NO F 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Part I or Port II of item 18.] Exam 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, Month, Day, Year 20f (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while al work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and find that death resulted from: Notural causes Suicide . Homicide . Undetermined cause E 0 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 forworded to FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER CUR AL CREMATION 225. DATE THEREOF 22c MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, toping or county) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A 15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DECENTED STOP

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PLACE OF DEATH o. COUNTY	Dorchester		MARYLI		2. USUAL RESIDENCE (WI o. STATE MATY 18.1	nere decease		lutioni			
b. CITY OR TOWN RURAL ond give r	(IF outside corporate limiteores) town)	ls, write	c. LENGTH OF STAY IN	ч 16	c CITY OR TOWN (IF	outside corpo	prote limits, writ	e RUR	AL and g	ive neares	fown)
	Linkwood		6 months		Linkwoo	od					
OR INSTITUTION	Marrick Con				d STREET ADDRESS						S RESIDENCE ON A FARM? ES NO
NAME OF DECEASED	Fir	şł	Middle		Lost	4. DATE	A	Aonth		Day	Yeor
(Type or print)	Jose	ph	Willia		Walling	DEATH	June 2	6,1	.957		19
S SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	12	8. DATE OF BIRTH		9. AGE (In year	ors IF			UNDER 24 HRS
Male	White	WIDOW	ED DIVORCED		1.8	390		rrs.   ^	Aonths	Days H	ours Min
00. USUAL OCCUPAT	ION (Give kind of work	Jone 10b.	KIND OF BUSINESS OR	INDU	STRY 11 BIRTHPLACE (Slote	or foreign c	country)		12 CITE	ZEN OF V	HAT COUNTR
	rking life, even if retired; Laborer				Maryland	1				U.S.	
3 FATHER'S NAME	100101			-	14. MOTHER'S MAIDEN					V = -Q1	
	Unknown				Unknown						
	ER IN U. S ARMED FOR	CE5? 16	SOCIAL SECURITY NO.	17. H	NFORMANT			ddresi	1		
(Tes no, or unknown)	(If yes, give wor or dates of so	erv.ce]	**		mile December						
NO IIB CAUSE OF DE	ATH [Enter only one co		None	I PE	mily Records		· · · · · · · · · · · · · · · · · · ·			LAITERU	AL BETWEEN
	ATH WAS CAUSED BY	use per II	ne tor (a), to), ond (c)		· · · · · · · · · · ·	IL				ONSET	AND DEATH
17.111 11.02	IMMEDIATE CAUSE (o	I	MUSHOU	al	J. Vialen					1563	1.5/
Conditions, if		ilia	the per	er	o la CVZ	ch	if the	u.T.	crtz.	7	
gove rise to cause (a), stating lying couse lost	The under DUE TO	at .	There to	7	to the fine	terse	ce 1 gr.	1		,)	
PART II OT	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	IH BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION	GIVEN	IN PART		WAS AUTOPSY ERFORMED?
	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	450.	CURRE	D (Enter nature of injury in	Port 1 or Pa	rt II of item 1B)				
20c. TIME OF INJU	RY Month, Day, Yes	or 20d ! White	Not while	Oe PL	ACE OF INJURY (Home form clary, street, affice bldg , etc	20f (Cit	y ar town)		(C	ounly)	(State
21 Learlify t	hat I attended the	decens	sed from Free	12	7 19.5.7. to Y	1 mys -	260 101	ş* <u>.</u>	that I li	ast saw	the deceas
glive on Jik	det 7 2 2	10.5			occurred at 1:00	And from		/			
Unive un_Juse	1		, and mar e	ueain	Decurred de 13.55		m the cause Street, city or to			e date	Stated aba  DATE SIGN
ACTUAL SIGNATURE /	A hou	fore	eru		M.D. Care	Luc	Gr.,	- 2	11 5	<u></u>	
PHYSICIAN'S NAME (Type)	*						<i>.</i>				
220 BURIAL, CREMATI REMQVAL (Specify	y} .		22c. NAME OF CEME				TION (City, for				(State)
Burial	June 28,	1957	Springhill	L U€			on, Mar			ALATIER	
FUNERAR DIRECTO	lar	le	Easton.	ld.	24a. REC	D BY REGIS	105 7 R	EGIST)	ARS SIG	VATURE	Pace 1
								11			10



BUREAU V. E.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exerior. Page 4 shauld be cremation, Reg. Dist. No. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) e. COUNTY o. STATE Md. b. COUNTY Dorchester Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Cambridge Md. Cambridge d. NAME OF HOSPITAL OR INSTITUTION [If not in hospital, give street address) d. STREET ADDRESS direct files. pria 223 Robbins St. Robbins St. 3. NAME OF First Middle DATE DILEMENT Wheatlev Lee Ondos June (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF SIRTH retained for 2 with the r 9. AGE (In year) IF UNDER TYEAR Months Male white WIDOWED FT DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? guq during most of working life, even if retired) ond o Parts Manager Auto Garage Dorchester Co. 13. FATHER'S NAME 1, 2, 14. MOTHER'S MAIDEN NAME 24 hours Pages 1, age 5 ma Catherine Collins Joseph Wheatlev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address within Give Yes World 220-12-1714 Mrs Lydia R. Vheatley 223 Robbins St. War P.M.3 1B. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: Coronary Occlusion Form IMMEDIATE CAUSE (a) **DUE TO** ¥<u>i</u>÷ Arterio Sclerosis Canditians, if ony, which pencil puriol: gave rise to immediate couse DUE TO (o), stoting the underlying couse lost. 81 PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY ő used ō Diabetes Mellitus writing the word "pendi nief Medical Exominer's 08: Page 3 shauld be use 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) PRIMARY | or CONTRIBUTING | MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 26d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) While C 100 Not while at wark ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry [ Chief TOR: death resulted from: Natural causes XI, Suicide . Accident | Homicide . Undetermined cause . certificate, ACTUAL CHIEF MEDICAL EXAMINER 57 forworded to FUNERAL ASSISTANT MEDICAL EXAMINER

0 VS. A15A4E(5) 5M 9/55

EXAMINER'S

NAME (Type)

220. BURIAL, CREMAT ON,

22b. DATE THEREOF

June

**EXAMINER: This** 

MEDICAL

DEPUTY

cute

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LeCompte Funeral Service Cambridge, Md.

Dorchester Mem. Park

22c. NAME OF CEMETERY OR CREMATORY

DEPUTY MEDICAL EXAMINER

22d. LOCATION (City, town, or county)

Md.

Cambridge

(County)

06295

a. IS RESIDENCE ON A FARME

YES INO P

Year

IF UNDER 24 HRS.

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INTERVAL BETWEEN 20 in.

PERFORMED?

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(State)

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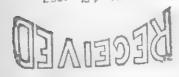
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Page

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uneral director.

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ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death: Page 4

OR: After this certificate has been signed by the attending physician and completely filled in by stached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 a burial, cremation, ar removal, and in any event within 72 hours after death.

may be retained by the haspital ar attending physicion.

TO HOSPITAL OR

the registrar priar

LeCompte Funeral Service

page 3 should

VS A15 (4) 15M 9/SS 06297

John Maciy

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1. PLACE OF DEATH	rchester Co		MARYLAND	2. USUAL RESIDENCE (W		d lived. If institute b. COUNTY				,
	If outside corporate lim		c. LENGTH OF STAY IN 16	Md	-				ster	
RURAL and give ne	parest fown)	HIS, WITH		c. CITY OR TOWN (IF	outside corpo	profe limits, write h	UKAL and	give ne	arest town	1)
Cambridge RI			70 Yrs.	X Cambri	dge RI	FD # 3				
d. NAME OF HOSPIT OR INSTITUTION	(AL (If not in hospital,		address)	d. STREET ADDRESS	des DI	7D # 2				FARM?
3. NAME OF	Cambridge		7_3	/ Cambiti					- 7	
DECEASED (Type or print)	Irvin	rst	Middle	Wingate	4. DATE OF DEATH	June	nth .	25		Yeor 19 57
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)		R I YEAR	IF UND	ER 24 HRS.
Male	White	WIDOWE	DIVORCED	Nov. 8. 1871		SC yrs.	Months	Doys	Hours	Min.
		dane 10b.	KIND OF BUSINESS OR INDU		ar foreign c		112. C	ITIZEN (	OF WHAT	COUNTRY
during most of worl	king life, even if retired	1)								
Waterman		1	<u>Fishing</u>	Wingate				USA		
13. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME					
Joseph V	Wingate				Laura	Fallin				
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17. I	NFORMANT		Add	ress			
NO NO	(If yes, give war or dates of	servicei	None	Alfred Winga	+ ~	Cambri	J T	25.77	11 2	
	ma feature			FILEO MINSS	<u>re</u>	Camori	ope i		7 1	7114001
	ATH WAS CAUSED BY:	onze ber ur	ne for (o), (b), and (c).]						SET AND	
TAKI I. DEA	IMMEDIATE CAUSE (	) Ure	emia					1	mont	h
446 X	DUE TO	)								
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gave rise to is	mmediale (	-		e a x a x a co x a co x x					23.00.2	
lying couse lost.	the under-									
		(DITIONS C	ONTRIBUTING TO DEATH BUT	NOT BELLIED TO THE TERM	INIAL DICEAC	E CONDITION OF	CENT DATE DA	DT 34-31	24141 01	AUTORCY
PART II. OTH Hema De 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CON	ADUION3	ONIKIBUTINO TO DEATH BUT	NOT KELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	K1 1(0)	PERFO	DRMED?
Hemape.	lgia, right	- 2	months. Carcin						YES [	NO B
OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINERS	20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Por	1 II of item 1B.)				
	MEDICAL EXAMINER)									
20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d. It	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (Cib	y or town)		(County)		(Stote)
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7	00.00	1	1.1/2000		ADDRESS (S	treet, city or town.	slote)		D/	ATE SIGNE
ACTUAL SIGNATURE	college	1 /V	18091	м.в. 15 Госи	st Str	ceat, Car	bride	re.	Md. f	3-26-
MINE LOLD A LINE	8		11)					,		
PHYSICIAN'S NAME (Type)	Eldridge									
220. BURIAL CREMATIO		OF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stot	e)
REMOVAL (Specify) Burial	June 27.1	957	Greenlawn Co	emeterv	Cam	bridge	7.0	14		
23. FUNERAL DIRECTOR		*	ADDRESS			TDAD 245 DEGI	STDAP'S S	IGNATII	DF	

DATE

Cambridge Md.

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BUREAU Y. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND Dorchester Maryland Dorchester b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neatest town) RURAL and give nearest town) Cambridge Trife Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 51 B Douglas 51R Douglas Street YES NO X NAME OF First Middle 4. DATE Last Day Month Year DECEASED 1957 18 (Type or print) Alverta DEATH Stewart Young 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS. Months Doys WIDOWED X Female DIVORCED [ Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Housewi fe Dorchester Co. TISA carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 hours Frank Stewart Mary Stewart IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Wingate. Cambridge, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 70 PART I. DEATH WAS CAUSED BY: Cardiac Decompensation IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic heart disease Conditions, if any, which ! gave rise to immediate ber **DUE TO** catse (a), stating the underlying cause lost. buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work June 18 19.57 that I last saw the deceased 21. I certify that I attended the deceased from. alive on June and that death accurred at \_\_\_ P\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Pine St-Cambridge. HIGNATURE PHYSICIAN'S Edwin Fassett. M.D. NAME (Type) FUNER 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) Buria Cemetery Cambridge 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cambridge . Md . 1SM 9755

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BUREAU V. S.

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